CALIFORNIA STATE DEPARTMENT OF PUBLIC HEALTH
GILES S. PORTER, M.D., Director

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GUY P. JONES
EDITOR

Disease Reporting and Disease Prevention

It is the duty of public health authorities to prevent and control disease and knowledge is the first step in prevention. In any warfare the success of the conflict depends largely upon knowledge of the enemy —when, where and in what numbers he may be found; and so in the fight against disease from a public health standpoint, whether it be local, state, national, or international, it is of supreme importance that responsible officials have early, accurate and complete knowledge as to the presence or absence of the important diseases.

In the absence of such knowledge, there will be either a lack of vigilance which may end in disaster, or, what is of vast importance in these days of commercial enterprise and rapid communication, there will be a futile and unnecessary expensive outlay against a supposed danger which does not exist.

The office of the United States Public Health Service which collects and compiles information as to the prevalence of disease may well be designated as the intelligence office of the Federal health agency. The information secured by this office, however, is used not only by our own local, state, and national agencies, but also by other governments throughout the whole world. Broadly speaking, the collection of statistics relating to the prevalence of disease by the Public Health Service has two general phases: First, the collection from all parts of the world, including our own country, of information having a bearing on the maintenance of public health; and, second, the dissemination of this information in such manner and to such persons and organizations as will make it most valuable. Between the collection and dissemination of information on disease prevalence, there is, of course, the very important work of compilation, analysis, and comparison.

Except in times of epidemic, the average person gives but little thought to public health agencies, and nothing is less interesting to him than the mere mention of the word "statistics" or the quoting of figures. However, in the presence of an outbreak or epidemic of a disease dangerous to the public health, general interest is immediately centered upon the number of cases reported. For example, during 1931 there was a decided increase in the prevalence of infantile paralysis in certain areas of the country. Everyone was vitally interested in whether the number of cases increased each week or whether a decrease was shown. When infantile paralysis had subsided to the normal number of cases, no further interest on the part of the general public in the number of cases reported was manifested.

To prevent or control disease, any health department must know when, where, and under what conditions cases of disease are occurring. Every state has adequate laws requiring the reporting of communicable diseases, and in almost every state there is local machinery for transmitting these reports to state health officers. The success and accurancy of the reporting of disease depends almost entirely, however, upon the practicing physician. It is essential that his patients and public sentiment support him in the reporting of disease, and that he be not embarrassed by requests from the family of the patient not to report a case of communicable disease to the health authorities as required by law or regulation.

The failure to report cases of communicable disease is not only a violation of the state and local laws, but it endangers the lives of other persons. Countless epidemics and outbreaks of disease have been traced to carelessness or wilful neglect in reporting cases of the various communicable diseases, such as smallpox, typhoid fever, scarlet fever, and others.

When the United States came into being with its unique system of balance between Federal and state powers, health matters—which are universally regarded as police powers—were by inference left to the control of the several states. The control of foreign and interstate communication, however, was, of course, given to the Federal government. Among the early laws passed in the first decade after the adoption of the constitution were those enjoining Federal officials to assist the several states in the enforcement of their quarantine laws. There were few or no laws other than local providing for the possibility of the interstate spread of disease. With the introduction of the railroad and steamboat, and still later the airplane, with consequent increase in travel and communication, the necessity for coordinated effort was seen; and by consent of the states under the commerce clause of the constitution, laws were enacted providing for Federal control of both interstate and maritime quarantine functions.

The United States Public Health Service acts as a clearing house for information relating to the prevalence of disease throughout the United States. Each week there is received by the Public Health Service from each state health officer, except one, a telegram giving information as to the prevalence for that week of the more important communicable diseases in his state. These reports are immediately compiled and the information is disseminated to all state and local health authorities so that they may be informed as to the prevalence of these diseases in various sections of the United States.

The collection and dissemination of information concerning the occurrence of disease is of increasing importance in this age of speedy transportation facilities. For instance, it is possible that a person infected with typhoid fever may by airplane, or even by motor car, traverse the entire width of the country before the completion of the incubation period of this disease and the disease itself becomes manifest.

The international exchange of sanitary information is of vital importance. Rapid transportation between countries, particularly by means of air travel, has greatly increased the possibility of the transmission of communicable diseases by that means. There is an organization which collects and disseminates information relating to the prevalence of disease throughout the civilized world located in Paris and known as the International Office of Public Hygiene. This office is established in accordance with the provisions of a treaty to which approximately 40 nations are signatory. The International Office of Public Hygiene was first established in 1906 and has served a most useful purpose since that date. The Health Section of the League of Nations also serves as a clearing house for information relating to the international prevalence of disease, and maintains a Far Eastern bureau located at Singapore. From this point there is broadcast each day information relative to the prevalence of important quarantinable diseases in the Orient. This information is picked up by ships at sea and by public health authorities throughout the Far East.

The Pan American Sanitary Bureau, which is located in Washington, D. C., acts as a clearing house for sanitary information relating principally to the western hemisphere. Cooperation is maintained between the International Office of Public Hygiene at Paris, the Pan American Sanitary Bureau at Washington, and the Health Section of the League of Nations.

The United States Public Health Service, in addition to the information which is received from the international health agencies, also receives regular reports from American consuls abroad. In case of the outbreak of a quarantinable disease, an American consul is required to transmit such information by cable. All of the reports received by the Public Health Service regarding the prevalence of disease in foreign countries are used in connection with the defense of our territory from invasion by contagious diseases through our maritime quarantine system.

In addition to the weekly telegrams from the state health officers, the United States Public Health Service is also kept informed of local conditions by weekly reports mailed in from health officials in 570 cities of 10,000 or more population. These reports cover the prevalence of the common communicable diseases in their respective territories. The various reports from local and state health authorities, from the consular officers, and from other sources abroad constitute the basis of the information contained in the *Public Health Reports,* which is issued weekly by the Public Health Service and sent to nearly 10,000 public health officials, sanitarians, libraries and institutions throughout this country and abroad.

It may be asked "Of what use is this statistical and other sanitary information?" Some may doubt the value of informing a public health official in California of an epidemic of influenza in Massachusetts. The value of reports of this kind has been strikingly demonstrated on numerous occasions. During the influenza epidemic of 1918, the outbreak originated, so far as the United States is concerned, in Boston and spread westward across the country. It was because of knowledge gained from reports of health officials to the Public Health Service that public health officials in touch with the situation could predict almost to the day when cases of this disease would be reported in the midde west and western states along the line of march of the epidemic. A milder outbreak of influenza in 1928–29 reversed the route and crossed the continent from west to east. In 1930 there was a sharp outbreak of infantile paralysis on the west coast and in certain middle western states, while this year the disease seems to be present largely in the New England states. To be forewarned of epidemics of this character is more than half the battle of combating them.

In their efforts to improve sanitary conditions, relieve sickness, and preserve the public health, the health authorities of the United States and of the world have broken national and international barriers and have contributed in no small way to the comity of nations.

Contagion respects neither local nor national boundaries, nor race, political conviction, nor creed. It is for these reasons, therefore, that sanitation occupies a unique position in local, national, and international affairs. The matter of collection and dissemination of epidemiological intelligence is of vast importance in the control of disease, in maintaining national and international public health, and in increasing good will among the nations of the earth.—*From a radio broadcast of the United States Public Health Service.*

RECENT CHANGES AMONG HEALTH OFFICERS

Dr. C. W. Decker, on November 1st, succeeded Dr. George Parrish as City Health Officer of Los Angeles.

Dr. D. M. Kindopp has been appointed Health Officer of Placer County to succeed Dr. Theodore Snypp. Dr. Kindopp resides in Colfax.

Mr. W. E. Godsell has been appointed City Health Officer of Rio Vista to succeed Mr. George A. Brown.

Mr. C. A. Collins has been appointed City Health Officer of Bishop to succeed Mr. W. L. Ray.

Skill in the technic of diagnosis is retained only with constant practice.—*Mattern.*

WORK FOR THE UNEMPLOYED

Health departments which are able to use the services of unemployed individuals may find much work for them to do. Since rat problems in many cities are acute, unemployed carpenters, bricklayers, cement workers and others who may be associated with the building trades might well be employed in the rat-proofing of buildings. Other individuals might be employed in organized campaigns against rats. There is always much work to be done in trapping and poisoning rats in any city. There is also much work to be done in the removal of food supplies that may be available to these rodents, and rat harbors should also be destroyed. Many garbage dumps are infested with rats and the rodents find habitation places in the indestructible refuse which is commonly found in dumping places near the large cities.

There are many waterworks and sewage works in California cities which might also use the services of unemployed individuals to advantage. There is much cleaning up and general improvement to be made about such establishments. The employment of unemployed individuals in activities such as those mentioned will do a great deal to improve public health conditions and will also help to relieve any economic distress that may be present. The needs of communities vary greatly and no doubt other fields of work that have a bearing upon public health may be found. Now is a good time to provide assistance for the unemployed and at the same time improve sanitary conditions at a nominal cost.

DR. IVERSON GOES TO OAKLAND

Dr. J. P. Iverson, formerly Chief of the Bureau of Animal Industry of the California State Department of Agriculture, has been appointed Market and Food Inspector of the Oakland City Health Department. Dr. Iverson has charge of inspections of markets, meat, foods and general sanitation.

Belief begins where science leaves off and ends where science begins.—*Virchow.*

MORBIDITY*

Diphtheria.

132 cases of diphtheria have been reported, as follows: Oakland 3, Crescent City 1, Imperial County 9, Brawley 1, El Centro 1, Kern County 1, Bakersfield 3, Los Angeles County 16, Alhambra 2, Burbank 1, Compton 1, El Monte 1, Glendale 4, Inglewood 2, Long Beach 2, Los Angeles 45, Pomona 1, San Fernando 1, Torrance 2, South Gate 1, Gardena 1, Madera County 3, Monterey 1, Orange County 1, Anaheim 1, Santa Ana 2, Lincoln 1, Riverside County 5, Riverside 1, Sacramento 8, San Diego 1, San Francisco 2, San Joaquin County 1, Lodi

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* From reports received on November 16th and 17th for week ending November 14th.

1, Santa Barbara 1, Benicia 1, Stanislaus County 1, Modesto 1, Tulare County 1.

Scarlet Fever.

146 cases of scarlet fever have been reported, as follows: Berkeley 1, Oakland 3, Butte County 6, Chico 1, Colusa County 1, Contra Costa County 2, Pittsburg 1, Fresno County 12, Fresno 1, Sanger 2, Kern County 1, Los Angeles County 7, Alhambra 1, Avalon 1, Beverly Hills 1, Glendale 1, Inglewood 1, Long Beach 2, Los Angeles 27, Santa Monica 1, Sierra Madre 1, South Pasadena 1, Whittier 1, Torrance 2, Hawthorne 1, South Gate 5, Maywood 1, Tujunga 1, Fort Bragg 1, Ukiah 2, Orange County 3, Anaheim 2, Fullerton 2, Placer County 1, San Bernardino County 3, San Diego 2, San Francisco 5, San Joaquin County 14, Stockton 2, San Luis Obispo 2, San Mateo 1, Santa Barbara 2, San Jose 2, Watsonville 2, Redding 1, Stanislaus County 1, Sutter County 2, Tulare County 3, Visalia 1, Ventura County 1, Fillmore 1, Santa Paula 2, Ventura 1, Woodland 1.

Measles.

104 cases of measles have been reported, as follows: Alameda 4, Berkeley 1, Oakland 5, Humboldt County 3, Eureka 23, Los Angeles County 1, Los Angeles 3, South Gate 1, Monterey County 1, Monterey 1, Pacific Grove 13, Riverside County 1, Sacramento 38, San Diego 2, San Francisco 3, Los Gatos 1, San Jose 1, Stanislaus County 1, Ventura 1.

Smallpox.

4 cases of smallpox have been reported, as follows: Fresno County 3, San Francisco 1.

Typhoid Fever.

12 cases of typhoid fever have been reported, as follows: Contra Costa County 1, Fresno County 1, Kern County 2, Glendale 1, Merced County 1, San Diego County 1, San Francisco 4, California 1.**

Whooping Cough.

62 cases of whooping cough have been reported, as follows: Alameda 1, Oakland 2, Fresno County 1, Los Angeles County 9, Long Beach 2, Los Angeles 9, San Gabriel 3, Santa Ana 2, National City 7, San Diego 1, San Francisco 3, San Joaquin County 2, San Luis Obispo County 5, San Luis Obispo 7, Santa Barbara County 2, Ventura County 6.

Meningitis (Epidemic).

5 cases of epidemic meningitis have been reported, as follows: Alameda County 1, Fresno County 1, Fresno 1, Los Angeles 2.

Poliomyelitis.

5 cases of poliomyelitis have been reported, as follows: Oakland 1, Bakersfield 1, Los Angeles 1, Pasadena 1, San Francisco 1.

Undulant Fever.

3 cases of undulant fever have been reported, as follows: Huntington Park 1, Orange County 1, San Luis Obispo 1.

Encephalitis (Epidemic).

One case of epidemic encephalitis from San Francisco was reported.

Septic Sore Throat.

One case of septic sore throat from Los Angeles County was reported.

** Cases charged to "California" represent patients ill before entering the State or those who contracted their illness traveling about the State throughout the incubation period of the disease. These cases are not chargeable to any one locality.

COMMUNICABLE DISEASE REPORTS

Disease	1931				1930			
	Week ending			Reports for week ending Nov. 14 received by Nov. 17	Week ending			Reports for week ending Nov. 15 received by Nov. 18
	Oct. 24	Oct. 31	Nov. 7		Oct. 25	Nov. 1	Nov. 8	
Actinomycosis	0	0	0	0	1	1	0	0
Anthrax	0	0	0	0	0	0	0	1
Botulism	0	0	1	0	0	0	0	0
Chickenpox	151	182	222	264	181	213	188	175
Coccidioidal Granuloma	0	0	0	0	1	0	1	0
Diphtheria	89	112	107	132	74	49	86	61
Dysentery (Amoebic)	6	4	4	0	1	1	1	0
Dysentery (Bacillary)	7	6	3	6	1	6	2	1
Encephalitis (Epidemic)	0	1	2	1	1	5	0	1
Erysipelas	18	14	12	15	9	10	11	12
Food Poisoning	2	0	2	0	2	1	0	0
German Measles	7	4	7	6	5	8	11	5
Gonococcus Infection	155	352	159	199	153	156	157	127
Influenza	37	44	41	42	24	30	29	27
Leprosy	0	0	1	0	0	0	0	0
Malaria	4	3	2	3	0	2	0	0
Measles	159	112	169	104	92	132	114	94
Meningitis (Epidemic)	2	7	2	5	8	1	4	5
Mumps	90	114	106	87	137	140	143	139
Ophthalmia Neonatorum	1	0	0	1	0	0	2	0
Paratyphoid Fever	4	5	3	2	0	1	1	0
Pellagra	0	0	1	1	2	0	1	1
Pneumonia (Lobar)	35	44	38	38	55	80	47	56
Poliomyelitis	6	4	3	5	70	60	46	44
Rabies (Animal)	5	7	10	11	16	19	15	10
Scarlet Fever	132	151	139	146	67	75	108	91
Septic Sore Throat	0	2	1	1	0	0	0	0
Smallpox	7	8	7	4	11	34	14	11
Syphilis	176	222	174	164	132	120	179	153
Tetanus	1	1	1	0	1	2	1	1
Trachoma	14	10	5	8	7	4	4	165
Trichinosis	0	6	0	0	2	1	1	0
Tuberculosis	189	181	164	135	196	228	212	140
Tularemia	0	0	0	0	1	0	0	0
Typhoid Fever	7	23	6	12	14	22	21	12
Undulant Fever	1	5	1	3	0	5	2	2
Whooping Cough	102	67	88	62	72	90	120	103
Totals	1,407	1,691	1,481	1,457	1,336	1,496	1,521	1,437

Diphtheria shows increasing prevalence.

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Influenza shows a slight increase.

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Chickenpox is on the up-grade.

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Other reportable diseases are at normal stages.

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